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ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 69 (check only one) 17 18 19a 19b 20c x 21
Any Information copied from such Reports and Sortor-commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used to name and address of any political controls.	by any person for the purpose of soliciting contributions committee to-solicit contributions from-such committee
Friends of Joe Lieberman		
Full Name (Last, First, Middle Initial) Foodshare Mailing Address 450 Woodland Ave		Transaction ID: D193204 Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Bloomfield Purpose of Disbursement Donation	State Zip Code CT 06002-1342	Amount of Each Disbursement this Period
Candidate Name	oursement For: 2012  X Primary General	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: District:  Full Name (Last, First, Middle Initial) Salvation Army	Other (specify) ▼	Transaction ID: D193209 Date of Disbursement
Mailing Address 855 Asylum Avenue		M2 M / D1 B / Y 2007 Y
City Hartford Purpose of Disbursement Donation Candidate Name	State Zip Code CT 06105	Amount of Each Disbursement this Period  1000.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Dist Senate President State: District:	oursement For: 2012  X Primary General Other (specify)	Type 11 C.F.N. 400.55
Full Name (Last, First, Middle Initial) - Democratic Senatorial Campaign Com	mittee	-Transaction ID: D193699 Date of Disbursement
Mailing Address 120 Maryland Avenu	e, NE	12 M / 20 / Y 2007 Y
City Washington Purpose of Disbursement	State Zip Code DC 20002-5610	Amount of Each Disbursement this Period
Unlimited Transfer to National Party Co Candidate Name		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Dist Senate President State: District:	oursement For: Primary General Other (specify) ▼	
SUBTOTAL of Disbursements This Page (opti	onal)	
TOTAL This Period (last page this line numbe	r only)	FEC Schedule B ( Form 3 ) (Revised 02